

Alabama Workers Compensation Division
Claims EDI Release 3.1 FROI Conditional Requirements Table

M – Mandatory
IA – If Applicable/Available

MC – Mandatory/Conditional
NA – Not Applicable

E – Expected
F – Fatal Technical

EC – Expected/Conditional
X – Exclude

REQ	DN #	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)	NOTE
MC	0042	Employee SSN	The Employee's SSN is preferred but if not available, other required identification can be used.	DN 0270 Employee ID Type Qualifier must = S	Ensure correct DN 0270 Employee ID Type Qualifier is entered.
MC	0152	Employee Employment Vista	The Employee's Social Security Number is preferred but if not available, this identification can be used.	DN 0270 Employee ID Type Qualifier must = E	Ensure correct DN 0270 Employee ID Type Qualifier is entered.
MC	0153	Employee Green Card	The Employee's Social Security Number is preferred but if not available, this identification can be used.	DN 0270 Employee ID Type Qualifier must = G	Ensure correct DN 0270 Employee ID Type Qualifier is entered.
MC	0154	Employee ID Assigned by Jurisdiction	The Employee's Social Security Number is preferred but if not available, this identification can be used.	DN 0270 Employee ID Type Qualifier must = A	Ensure correct DN 0270 Employee ID Type Qualifier is entered.
MC	0156	Employee Passport Number	The Employee's Social Security Number is preferred but if not available, this identification can be used.	DN 0270 Employee ID Type Qualifier must = P	Ensure correct DN 2070 Employee ID Type Qualifier is entered.
MC	0138	Claim Administrator Claim Representative E-Mail Address	The Claim Administrator Claim Representative E-Mail Address must be present if Claim Administrator Representative Name (DN0140) is not present	Mandatory if DN0140 is not present	Ensure CA Name and email address are present
MC	0140	Claim Administrator Claim Representative Name	The Claim Administrator Claim Representative Name must be present if Claim Administrator Claim Representative E-Mail Address (DN0138) is not present	Mandatory if DN0138 is not present	Ensure CA Name and email address are present
M	0038	Accident/Injury Description Narrative	Required if Number of Accident/Injury Description Narratives > 0	Required if DN0274 > 0	
M	0198	Full Denial Reason Code	Required if Number of Full Denial Reason Codes > 0	Required if DN0277 > 0	
M	0197	Denial Reason Narrative	Required if Number of Denial Reason Narratives > 0	Required if DN0276 > 0	

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REQ	DN #	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)	NOTE
IA	0036	Part of Body Injured Code	Required if Number of Part of Body Injured > 0	Required if DN0420 > 0	
IA	0421	Part of Body Injured Location Code	Required if Number of Part of Body Injured > 0	Required if DN0420 > 0 and DN0421 is not null	
IA	0422	Part of Body Injured Fingers/Toes Location Code	Required if Number of Part of Body Injured > 0	Required if DN0420 > 0 and DN0422 is not null	
M	0057	Employee Date of Death	Required if a death has occurred.	Required if DN0146 (Death Result of Injury Code) is not null	